

State of Michigan, Department of Health and Human Services Behavioral Health Provider Salary and Wage Survey Participation Questions and Answers			
Question No.	Issue/Question	Answer	Q&A Release Date
1	It is difficult to aggregate revenue to determine if the provider/entity is subject to the reporting requirements for having more than \$1 Million in Medicaid Revenue.	All behavioral health providers are required to complete the Salary and Wage Survey <u>regardless of revenue</u> . Providers already submitting a hospital cost report to MDHHS are exempt from submitting the Salary and Wage survey.	2/4/2022
2	Where can I find the Salary and Wage Survey?	The salary and wage survey is downloadable off the MDHHS website. Go to the MDHHS website (https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html), Policy 21-39 Reporting Requirements section, and all materials are under the Salary and Wage Survey subsection.	2/4/2022
3	I have questions on the Salary and Wage Survey, can somebody please call me to discuss?	Please review all instructional and training materials. If you still have questions after reviewing the support materials, please email Milliman (BH.Provider.Survey@milliman.com) and Milliman will schedule a phone consultation once all other options have been exhausted.	2/18/2022
4	Can I resubmit a survey that was submitted in error?	Yes, please resubmit the survey and we will exclude the previously submitted survey from our analysis.	2/18/2022
5	Why did I receive the Salary and Wage Survey from the CMHSP/PIHP I contract with?	<p>You were identified as a Medicaid provider from either a Prepaid Inpatient Health Plan (PIHP) or Community Mental Health Services Program (CMHSP). Consistent with MSA 21-39, all behavioral health service providers contracted/affiliated with CMHSPs/PIHPs (referred to as network providers) must "comply with this requirement, and under the authority of U.S.C. §1396a(a)(30)(A) and 42 CFR. §438.66, the Behavioral Health & Developmental Disabilities Administration (BHDDA) is requiring the reporting of cost and other information from behavioral health service providers beginning December 1, 2021 to be completed annually... All CMHSP/PIHP network providers must report information that includes, but is not limited to: salary and wages, employee related expenses (e.g., fringe benefits), paid time off, training expenses, employee turnover, and other information determined necessary by MDHHS to execute this policy."</p> <p>If you are not the appropriate person within your organization to complete this, please forward this to someone who would be able to complete this request.</p>	2/18/2022
6	We are a transportation-only provider. Do we still need to participate in this survey?	Transportation-only providers must complete the Salary and Wage Survey. The requirements of MSA 21-39 state, "behavioral health service providers contracted/affiliated with CMHSPs/PIHPs" are subject to the reporting requirements. Individuals providing transportation should be included within the "Other" provider types (e.g., Other Bachelor's Level Behavioral Health Professionals or Other Mental Health Professional - HS or G.E.D.).	2/18/2022
7	I am providing services directly to a person who acts as the employer of record under a self-directed arrangement. Am I required to participate in the survey?	If you are providing services directly to a person who acts as the employer of record under a self-directed arrangement, you are exempt from completing the Salary and Wage Survey.	2/18/2022
8	Do I have to submit a survey since I annually file a hospital Medicaid cost report?	Providers already submitting a hospital cost report to MDHHS are exempt from submitting the Salary and Wage survey.	2/18/2022
9			
10			

State of Michigan, Department of Health and Human Services Behavioral Health Provider Salary and Wage Survey General Tab Questions and Answers			
Question No.	Issue/Question	Answer	Q&A Release Date
1	Some of the information is based upon a snapshot date of January 1, 2022 and others are based upon our cost reporting year. Is it ok if there is a difference?	Yes, it is ok if there is variation between the FTE information reflected on the snapshot date (January 1, 2022) and the reporting period.	2/4/2022
2	We are a provider that provides CLS/respite services and we bill through PIHPs. Do we put the PIHPs NPI numbers for Billing NPI?	For billing National Provider Identifier (NPI) numbers you will enter your primary NPI or Medicaid ID. If you are working directly with the CMHSP/PIHP and do not have an NPI or Medicaid ID, you can leave this field blank. If there is another entity that is the billing provider for all services provided under your contract with the CMHSP/PIHP (i.e., you responded no for line 9), list the billing provider NPI(s) and/or Medicaid provider ID(s) who bill for the services covered under your contract.	2/18/2022
3			
4			
5			
6			
7			
8			
9			
10			

State of Michigan, Department of Health and Human Services Behavioral Health Provider Salary and Wage Survey Direct Care Staff Tab Questions and Answers			
Question No.	Issue/Question	Answer	Q&A Release Date
1	How should Fiscal Intermediary providers handle reporting on the Salary and Wage Survey?	Fiscal Intermediary providers should report salaries and wages for staff for whom they complete payroll. Fiscal Intermediary providers should follow the provider group modifier guidance used for encounter reporting.	2/4/2022
2	Should a therapist (e.g., physical, occupational, behavioral, etc.) fall under "Direct Care and Supervisory Staff" or "Other Professional Service" as defined in the waiver system?	Therapists generally deliver services and they should be included under "Direct Care and Supervisory Staff."	2/4/2022
3	How should workers who do not get paid by the hour be reported?	If employees are salaried workers, their hourly wage should be reported equal to their annual salaries divided by the number of hours expected to be worked for their position for the year. Please include all wage-based compensation, such as merit bonuses, paid in addition to salaried amounts.	2/4/2022
4	If a full-time employee does both Direct Care (services reported as encounters) and contracted or grant funded services (not reported as encounters), is the FTE shown only that portion that is Direct Care?	To make it easier to report FTE counts and wages, you do not need to prorate the FTE counts or wages based upon encounterable time. Generally, you will want to include someone within the report if their primary job duty is to provide encounterable services.	2/4/2022
5	If we pay temporary bonuses (e.g., signing bonuses after 90 days from hire), how do we include this in the hourly wage rate?	Wages on the Direct Service Staff tab should reflect an hourly wage, inclusive of any merit bonuses. However, any temporary payments, such as retention, signing, or relocation bonuses, should be excluded from the hourly wage. We want to understand these temporary payments more as we know that they are becoming more common; we ask that you report any relevant details (e.g., average dollar amounts, provider types impacted, reasons for payments, etc.) on the Notes tab.	2/4/2022
6	How should I fill out the survey if my direct care workers are not paid by the hour? I am adult foster care provider, where should I report my staff?	If employees are salaried workers, their hourly wage should be reported equal to their annual salaries divided by the number of hours expected to be worked for their position for the year. Please include all wage-based compensation, such as merit bonuses, paid in addition to salaried amounts. If your direct care workers are providing activities of daily living (ADLs), prompting and/or other guiding tasks, their wages and all other requested information should be reported under Provider Type Staff less than Bachelor level - line 73 "Direct Support Professional".	2/18/2022
7	Should we exclude wages, benefits, etc., for HR, payroll, billing, and other administrative staff? Is this report only for Direct Care Workers and their direct supervisors, not for a complete operational snapshot?	Yes, you are correct that you do not need to report information for HR, payroll, billing, and other administrative staff. Supervisors included within the Salary and Wage Survey should primarily be responsible for supervising Direct Care Staff delivering encounterable services.	2/18/2022
8	Our staff consists of Direct Care Workers, but this section seems to be referring to clinical staff. How do I fill out this section for Direct Care Workers?	The staffing information can capture both direct care and clinical staff. You will report the requested information by provider type. Direct Care Workers will typically be reported as Direct Support Professionals to align with their scope of practice.	2/18/2022
9	We are using the Standard Cost Allocation (SCA) model. Are the staff listed only those that would be considered in the SCA model as the following Standard Expense Category Codes: 01 – Salaries and Wages, Clinical Direct Service Staff under the Non-Contracted Full-Time Employees column, and 04 – Compensation, Contractual Clinical Direct Service Staff under the Contracted Employee Positions column?	Yes, there should be general alignment between expense categories 01 (Salaries and Wages, Clinical Direct Service Staff) and 04 (Compensation, Contractual Clinical Direct Service Staff) of the Standard Cost Allocation methodology and the Non-Contracted Full-Time Employees and Contracted Employee Positions within the Salary and Wage Survey.	2/18/2022
10	If a full-time employee does both Direct Care (services reported as encounters) and contracted or grant funded services (not reported as encounters), is the FTE shown only that portion that is Direct Care?	To make it easier to report FTE counts and wages, you do not need to prorate the FTE counts or wages based upon encounterable time. Generally, you will want to include someone within the report if their primary job duty is to provide encounterable services.	2/18/2022

State of Michigan, Department of Health and Human Services Behavioral Health Provider Salary and Wage Survey Supervisors Tab Questions and Answers			
Question No.	Issue/Question	Answer	Q&A Release Date
1	Would this exclude supervisors with the qualifying Provider Group Modifier who do not supervise staff providing encounterable Direct Care services?	Yes, the supervisors included within the Salary and Wage Survey should primarily be responsible for supervising Direct Care Staff delivering encounterable services.	2/4/2022
2	We are using the Standard Cost Allocation (SCA) model. Are the staff listed only those that would be considered in the SCA model as the following Standard Expense Category Codes: 03 – Salaries and Wages, Clinical First- and Second-Line Supervision under the Non-Contracted Full-Time Employees column, and 05 – Compensation, Contractual Clinical First- and Second- Line Supervision under the Contracted Employee Positions column?	Yes, there should be general alignment between expense categories 03 (Salaries and Wages, Clinical First- and Second-Line Supervision) and 05 (Compensation, Contractual Clinical First- and Second- Line Supervision) of the Standard Cost Allocation (SCA) methodology and the supervisory Non-Contracted Full-Time Employees and Contracted Employee Positions within the Salary and Wage Survey.	2/18/2022
3			
4			
5			
6			
7			
8			
9			
10			

State of Michigan, Department of Health and Human Services Behavioral Health Provider Salary and Wage Survey Training Tab Questions and Answers			
Question No.	Issue/Question	Answer	Q&A Release Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

State of Michigan, Department of Health and Human Services Behavioral Health Provider Salary and Wage Survey Benefits Tab Questions and Answers			
Question No.	Issue/Question	Answer	Q&A Release Date
1	What is defined as a fringe benefit?	You should generally follow Publication 15-B, Employer's Tax Guide to Fringe Benefits (https://www.irs.gov/publications/p15b#en_US_2021_publink1000193627).	2/4/2022
2	Average Annual Employer Cost per Qualifying FTE. Is this based upon 100% of our staff or only the actual cost for those Direct Care and Supervisory staff (Qualifying) that are listed in the Data Collection Tool? We have many Direct Care Staff that work less than 40 hours but 30 or more hours per week that qualify for insurance, how does that work?	You should report any Direct Care and Clinical Staff that provide encounterable services and that qualify for benefits, even if they work less than your standard work week. For example, if your standard work week is 40 hours but someone qualifies for benefits if they work more than 30 hours a week, you will report .75 FTE in the qualifying column. You will want to follow the general guidelines about including only employees that are either directly providing or supervising direct encounterable services.	2/18/2022
3			
4			
5			
6			
7			
8			
9			
10			

State of Michigan, Department of Health and Human Services Behavioral Health Provider Salary and Wage Survey PTO Tab Questions and Answers			
Question No.	Issue/Question	Answer	Q&A Release Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

State of Michigan, Department of Health and Human Services Behavioral Health Provider Salary and Wage Survey Survey Response Notes Tab Questions and Answers			
Question No.	Issue/Question	Answer	Q&A Release Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

State of Michigan, Department of Health and Human Services Behavioral Health Provider Salary and Wage Survey Suggestions for Future Surveys Tab Questions and Answers			
Question No.	Issue/Question	Answer	Q&A Release Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

State of Michigan, Department of Health and Human Services
Behavioral Health Provider Salary and Wage Survey

Limitations:

This document is subject to the terms and conditions of the Master Services Agreement between Michigan Department of Health and Human Services (MDHHS) and Milliman, Inc. (Milliman) dated September 13, 2019.

This document has been prepared solely for the internal business use of and is only to be relied upon by the management of MDHHS. This document will be shared with the Standard Cost Allocation Workgroup and CMHSPs to facilitate discussion. This document should not be provided to any other party without Milliman's prior written consent. In the event such consent is provided, the document must be provided in its entirety.

In performing this work, we relied on data and information provided by MDHHS and information provided by the workgroup. We have not audited or verified this data and information. If the underlying data or information is inaccurate or incomplete, the results of our assessment may likewise be inaccurate or incomplete.

This work is not complete. Final results and recommendations may vary significantly from this draft document based on additional findings and information gathering.